SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

PAGE 13 / 18

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
American Freedom Political Action Committee

A.

Full Name (Last, First, Middle Initial)
MIKE THOMPSON FOR CONGRESS

Mailing Address   5429 Madison Avenue

City	State	Zip Code
Sacramento	CA	95841

Purpose of Disbursement
Contribution

Candidate Name

Category/Type: 011

Office Sought:
☐ House
☐ Senate
☐ President
State: District:

Disbursement For: 2008
☒ Primary   ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4559
Date of Disbursement
M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 7

Amount of Each Disbursement this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
NORM DICKS FOR CONGRESS

Mailing Address   PO Box 1663

City	State	Zip Code
Tacoma	WA	98401

Purpose of Disbursement
Contribution

Candidate Name

Category/Type: 011

Office Sought:
☐ House
☐ Senate
☐ President
State: District:

Disbursement For: 2008
☒ Primary   ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4542
Date of Disbursement
M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 7

Amount of Each Disbursement this Period
2000.00

C.

Full Name (Last, First, Middle Initial)
RANGEL FOR CONGRESS

Mailing Address   PO Box 5577
MANHATTANVILLE STA

City	State	Zip Code
New York	NY	10027

Purpose of Disbursement
Contribution

Candidate Name

Category/Type: 011

Office Sought:
☐ House
☐ Senate
☐ President
State: District:

Disbursement For: 2008
☒ Primary   ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4550
Date of Disbursement
M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 7

Amount of Each Disbursement this Period
1000.00

SUBTOTAL of Disbursements This Page (optional) .... ▶   4000.00

TOTAL This Period (last page this line number only) .... ▶

FEC **Schedule B (Form 3X) (Revised 02/2003)**